

COMMONLY ASKED QUESTIONS ABOUT THE NURSE DELEGATION PROGRAM (NDP) FOR THE ALABAMA DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

A. WHY IS THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION CHANGING THIS POLICY?

1. Who decides the rules about dispensing medications?

The provision, storage and administration of medications are controlled by two Alabama state agencies; the Alabama Board of Pharmacy and the Alabama Board of Nursing (ABN). These organizations have specific guidelines for the handling of medications by residents other than the individual who receives the drug. These boards are agencies of state government and their regulations are enforceable through administrative law or other actions. The Department of Mental Health and Mental Retardation (DMHMR) must comply with their regulations or seek exceptions to the Nurse and Pharmacy Practice Acts. The Nurse Delegation Program is an exception that has been granted by the Alabama Board of Nursing to organizations certified by the Alabama Department of Mental Health and Mental Retardation. Although, the actual regulatory change includes less than 2 pages of material; the interpretation of those regulations is extensive. Providers must be familiar with the regulations and the interpretive guidance provided by the Alabama Board of Nursing (ABN) and the Department (DMHMR). The DMHMR and the ABN have worked hard to develop a comprehensive system that is practical, safe, and as simple as possible.

2. Does this new program comply with all regulations for the Alabama Board of Nursing?

Yes. The Nursing Delegation Program complies with all ABN regulations. The NDP program defines training, supervision, and quality assurance.

B. ABOUT THE PROGRAM

1. Who is impacted by this program?

All residential providers certified by the Alabama Department of Mental Health and Mental Retardation including those in the mental illness division, mental retardation division, and substance abuse division may be impacted by this program. This regulatory change applies to any residential care facility that serves individuals who are unable to self-medicate. **Residential facilities where all residents control their medicines are not impacted by this regulation.** This regulation does not apply to individuals residing at home and receiving care from family members such as parents. This regulation covers administration of medications to any minor resident residing in a DMHMR residential facility.

2. What did the old ABN regulation require of residential service providers?

The previous old nursing regulation required that all medications be administered by a licensed professional such as an RN or LPN. Parents can administer medicines to children and family members can administer medicines to loved ones who dwell in the same residence. The Pharmacy Practice Act states that medicines can not be taken from one container and divided into other containers such as placing medicines into a pill-box, or daily medication planner; except by the resident who is taking the medication.

3. **What is allowed by the new ABN regulations for the Department of Mental Health and Mental Retardation?**

A non-licensed person may assist a resident in taking medications and an RN or LPN delegates that task to a trained, certified MAC. The medication assistance certified workers are called MAC workers. The supervising nurse must receive four hours of training and pass the Medication Assistants Supervision (MAS) Test.

4. **Does this rule apply to other residential facilities such as private, independent assisted living facilities?**

No. This is a single exception granted to providers certified by the Alabama Department of Mental Health and Mental Retardation. A similar regulation governs school nurses.

5. **Does this rule extend to day-treatment programs (ACT teams) assertive care treatment or other programs where people receive medication?**

The regulation is presently limited to residential care facilities. The old rule currently applies to those programs; however, the Department is currently talking with the Board of Nursing about extending coverage to those programs.

6. **When do these changes take effect?**

The regulation was changed in December 2005. The Board of Nursing and the Department of Mental Health have been working together to develop and implement a plan that is safe, practical, and will improve the quality of care for residents.

C. WHAT RESIDENTS ARE COVERED BY THIS NDP PROGRAM?

1. **What about residents who receive insulin injections, gastrostomy feeding, bed sore treatment, and other healthcare assistance that is termed “skilled care”?**

All skilled services must be provided an RN or LPN.

2. **When is the cut-off time to determine when a resident must receive skilled services from an RN or LPN?**

The Alabama statute has always required that skilled services be provided by an RN or LPN. Any facility not complying with this regulation is in violation of the Nurse Practice Act.

3. **How do I know if a resident is able to self-administer medication?**

There is a three-step test to determine whether a resident is able to self-administer. First, the resident must be able to recognize their medications in order to be sure that they are not inadvertently given somebody else’s medicine. The resident must know the reason he or she is receiving the medicine and the resident must be capable of recognizing common or important side effects from medications. For example, the resident who takes digitalis for heart failure must be able to say “this is my little blue heart pill and my doctor told me to take it to help my heart. He told me to call him if I was feeling swimmy headed or sick to my stomach”. Residents are not required to remember generic names of pills or sophisticated healthcare impact from the medications.

4. **Who decides whether a resident can self-administer medications or not?**

The Board of Nursing has directed that a registered nurse must evaluate the resident to determine whether that individual can self-medicate. The MAS RN may make one of three determinations (1) the resident is able to self-medicate, (2) the resident is able to receive

medications from a MAC worker, or (3) the resident is so complex that only an RN or LPN should administer their medications. The third category of resident is limited to individuals who require careful, repeated assessment during the administration of medications. Most residents will fall into group one or two.

D. WHAT ARE THE POLICIES AND PROCEDURES FOR THE MAC PROGRAM?

1. Who will qualify as a MAC worker?

Any individual over the age of eighteen with a high school diploma or GED and employed in a DMHMR certified residential facility can be trained as a MAC worker as long as they can read and write with adequate skill to assure safety and competency. A MAC worker must undergo twenty-four hours of training by the medication assistance supervising nurse (MAS). The first twelve hours (Level 1) is classroom education and the second twelve hours is practical training (Level 2). A MAS RN or MAS LPN at the facility must perform the education and certify the individual as capable of being a MAC worker. The individual must take the MAC test that includes 50 multiple choice test questions. The MAC worker candidate has three tries to pass the test with a score of 90%. Following three failed attempts, the MAC worker cannot reapply to be MAC certified for 12 months.

2. If I am a MAC worker can I use my certification in more than one facility under contract to ADMHMR?

The MAC training includes two levels of certification. The classroom certification (level 1) is good in any DMHMR certified residential facility. The practical training (level 2) must occur at the facility by the supervising nurse or another RN or LPN authorized by the supervising nurse. This assures that the MAC worker is familiar with the residents and the procedures at the facility.

3. Does the MAC worker need continuing education?

Yes. A MAC worker will require 4 hours of education per year and quarterly evaluation by the supervising nurse MAS RN or MAS LPN.

4. What does the MAC educational program include?

The MAC (Level 1) educational program includes information about common medications, common diseases, assistance with medication, and medication problems encountered by residents of all DMHMR certified residential facilities. The practical part of the education (Level 2) includes skills necessary to perform duties of a MAC worker.

5. Is the MAC educational program different for the mental illness/mental retardation and substance abuse division?

The educational program for each division has some minor differences. Each division has basic information about their specific clients; however, all three divisions receive the same basic kind of information and follow the same procedures. The practical part of the training (Level 2) is unique to each facility; although, the instructor must cover basic material outlined in the teacher's manual.

E. WHAT ARE THE MEDICATION SERVICES THAT A MAC WORKER CAN PROVIDE A RESIDENT?

1. What can the MAC worker do for residents?

The MAC worker can assist residents in taking medicines, encourage compliance, and monitor for side effects. The MAC worker can assist with pills, liquids, skin ointments, inhaled medications, ear, nose, or eye medications. The nurse (MAS RN or MAS LPN) does not need to be physically present during this activity. MAC workers are authorized to assist with controlled substances using appropriate accountability safeguards.

2. Can a MAC worker assist with a PRN/Standing Order medication?

Yes. The PRN/standing order medication given by a MAC worker requires consultation with an on-call nurse. All PRN/standing order medications require consultation with a supervising nurse about the use of a PRN/standing order medication and the effect of the medications. Over-the-counter preparations can be given for which a physician has provided a specific order that provides explicit guidelines on the reason for giving the medicine. The on-call MAS nurse does not need to be the nurse who certified the MAC worker.

The MAC worker cannot independently give prescribed medications that require nursing judgments because the MAC worker is not a nurse. For instance, an agitated screaming resident can receive a PRN/standing order medicine from a MAC worker after consultation with the nurse. The RN or LPN has the training to determine that the screaming is produced by a psychiatric problem rather than a new unrecognized medical problem producing pain. MAC workers do not have the training and experience to make important clinical judgments.

3. How should the MAC worker deal with common problems, such as a resident who refuses to take medication or spit the pill back out?

A MAC worker must be trained to call the RN or LPN when an extraordinary event occurs. The educational program will provide important guidance to the MAC worker on how to monitor major changes in residents' physical or behavioral status. Any change or question should be directed by telephone or in person to the nurse who is in charge of the residential program. The MAC worker is trained as the eyes and ears of the RN for assessment and the hands for delivering medication. Key decisional issues must be made by licensed professionals. The MAC workers and supervising nurses form a team.

4. Can a MAC worker provide an injection?

No. Only Epi-pens are allowed as an emergency intervention for individuals who have a prescription for an Epi-pen. Other medicines such as insulin must be administered by licensed staff.

F. WHAT IS THE NDP TRAINING SYSTEM?

1. Who trains the MAC worker?

The MAS-RN/LPN can train a MAC worker. The hands-on training must be performed by a licensed person. Training manuals are available that cover essential information and the MAC certification must use the DMHMR training manual. Individual facilities are not

allowed to alter or customize training programs for their staff. All training program are approved by Alabama Board of Nursing. Only an RN or LPN who has passed the Medication Assistance Supervision Training (MAS) test is authorized to train MAC workers.

2. How does an RN or LPN become certified as a MAS RN or LPN?

Any RN or LPN employed or contracted by a DMHMR certified residential facility is eligible for training and certification as a MAS RN or MAS LPN. A four hour training program is required and the nurse must score 90% or better on the MAS test which includes 50 multiple choice questions. This training program omits the discussion of nursing skills because the RN or LPN already has those abilities. The program focuses on equipping the RN or LPN to select, train, and manage the MAC workers.

3. How can a MAS-RN/LPN receive training?

The MAS training program will be eventually placed on DVD's and online training will be used to accomplish this goal. During the initial phase of the program specific trainers will be certified as trainers by the Department of Mental Health and Mental Retardation staff. These medication assistants' train-the-trainers (MATT) are registered nurses who will receive an additional two hours of training and pass a second test in addition to the MAS training and test. All MATT trainers must pass the MAS test. Eventually, the MATT-RN will provide the MAS training DVD's, answer questions, and supervise the testing procedure.

4. Can a MAC worker perform any skilled services as defined under the direct supervision of a nurse?

No. Skilled services must be provided by licensed staff.

G. HOW DOES THE PHARMACY WORK IN THE NDP SYSTEM?

1. Are there any pharmacy requirements for the NDP program?

The MAC worker can assist with the medications that are readily identifiable and labeled at the time of delivery. The MAC worker is capable of breaking the blister pack and giving it to the resident or removing the pill from a labeled bottle. The MAC worker can break a scored pill or measure liquid as directed. The medicine must be delivered at the time that the pill is removed from the labeled container. MAC workers are not allowed to "setup pill trays".

2. Can an RN or LPN setup pill trays for administration assistance by a MAC worker?

No. An RN or LPN must administer medications that they remove from a bottle labeled by a pharmacist. The setting up of weekly planners is a violation of the Pharmacy Practice Act. Only a pharmacist is authorized to load an appropriately labeled weekly planner or to create jumbo blister packs that contain an entire dose for the morning or the afternoon, etc.

3. Can the facility maintain a "stock" of bottle of pills such as aspirin, Tums, etc.?

No. Stock bottles are prohibited by the Board of Nursing except for use by licensed staff. The Board believes that over-the-counter medication should be individually authorized and appropriately labeled for each resident.

4. **Can a MAC worker change the medication administration record (MAR)?**

No. Only a licensed person can change the MAR. MAC workers are not allowed to take verbal orders from physicians. A MAC worker may withhold the medication based on a verbal order over the telephone while they check with their MAS RN. The verbal order must be identified as an emergency, for example, a resident with toxic levels of Dilantin reported by the doctors' office may have the Dilantin withheld for a period of hours while the MAC worker contacts the nurse and asks for instructions. Verbal orders carry a significant risk of errors or transcription mistakes. A nurse cannot execute an order relayed by a non-licensed person.

H. WHAT IS THE MANAGEMENT SYSTEM FOR THE MAC WORKERS?

1. **Who can select the MAC worker and authorize them to assist with medication?**

Only an RN or LPN can select and authorize a MAC worker. The certifying nurse (RN or LPN) must sign to attest that they have trained the individual and that they are capable of this responsibility. The nurse can decertify the worker at any point when that worker fails to demonstrate sufficient professionalism, knowledge, judgment to warrant this important responsibility.

2. **Is a residential program required to terminate an employee who cannot pass the MAC test?**

No. The decision of which workers function as MAC employees is decided by the nurse; however, a non-MAC worker can continue to be employed if the operator chooses to maintain that employee. MAC status is not a requirement for employment by residential programs certified by the Department of Mental Health and Mental Retardation as part of the certification process.

3. **Do we report medication administration errors committed by the MAC System?**

Yes. The Department is implementing a quality assurance program to monitor the quality of medication services provided by MAC workers. The Department will report to the Board of Nursing on an annual basis about the overall quality, but not about specific individual nurses, workers, or facilities. Standard procedures for monitoring medication errors have been followed in MR group homes for several years.

4. **Is there any difference between a registered nurse or an LPN in the MAC system?**

A registered nurse must perform the MATT training. A registered nurse must perform the assessment to determine if the resident can self-medicate and determine which level of medication services are required by the resident. All other functions including supervision, teaching, quality assurance, on-call responsibilities, etc., can be provided by either an MAS RN or MAS LPN.

5. **Does working as MAS RN or LPN increase the likelihood that the nurse is going to be sued?**

Anyone who touches a resident in the healthcare system can be sued. A healthcare professional's best defense against a law suit is high quality care. These regulations define the authority and responsibility for the nurse and the MAC worker. Nurses who participate in this program are following community standard of care. National standards now call for

nurse delegation authority and Alabama's rules are more stringent than other states. Most (2/3) states already have some form of delegation and this function is rapidly becoming a routine part of nursing responsibility. The new system provides far greater protection for the MAS RN or MS LPN than the old system.

6. Who wrote the NDP training program?

A committee that included registered nurses, LPN's, physicians, and pharmacists was involved with creating the MAC training program. The educational content can be adjusted based on your observations and feedback. The training program will eventually be placed on DVD's for ease and consistency in the field. Our primary goal with the MAC training program is resident safety and quality of care.

7. Who will advise the MAC worker during after-hours or weekend coverage?

At a minimum, each facility must have telephone access to an RN or LPN at all times. The on-call nurse does not need to be the certifying RN or LPN for the MAC worker. The on-call nurse must be MAS-certified in order to understand the NDP system.

8. What is the role for the residential program administrator in the NDP program?

The program administrator must assure that adequate numbers of MAC workers are available to assist with medications and adequate numbers of licensed professionals are available to supervise the MAC workers. The Department does not prescribe particular ratios of RN's to LPN's or how to accomplish this goal. The administrator for the residential facility must be sure that an MAS RN or MAS LPN is always available to answer an inquiry (as noted above, telephone availability at a minimum) from a MAC worker.

9. If a facility nurse becomes ill or quits the job; how long can the program go without nursing supervision before they violate DMHMR regulations?

The facility managers should have a backup plan in the event that their only MAS nurse provider is lost to the organization. The Board of Nursing does not want MAC workers assisting with delivery of medications unless they have a backup person (MAS RN or MAS LPN) to assist with questions or problems. The supervising on-call nurse should be part of the organization and agreeable to handle questions. For instance, an organization cannot indicate that the backup plan is to call the local nurse in the emergency room and ask for advice or assistance unless that nurse is MAS-certified and agrees to provide that service.

10. Can a non-MAC worker assist with medications in the event that the MAC worker does not show up for work?

No. Another MAC worker should be identified. We encourage administrators to take the MAC course and serve as the backup person in the event that an employee abruptly leaves work.

11. Can a MAS RN or MAS LPN certify a MAC worker by simply giving them the posttest without the training?

No. Even in an emergency, the MAC worker must be properly trained to assure that they are safe in the work environment.

12. What happens if an organization does not follow the rules for the NDP program?

The annual survey process is being adjusted to include key components of the NDP system. Surveyors will determine whether staff is adequately trained, residents are screened, services provided according to guidance, and facilities provide 24-hour access to MAS RN's or MAS LPN's. Failure to comply with these regulations may result in decertification producing financial or administrative consequence associated with decertification.

13. Does the Department of Mental Health and Mental Retardation or the Commissioner of Mental Health have any authority to change any part of this program?

No. These rules, regulations, and guidelines are authorized under the power of the Board of Nursing. Any change in the MAC program requires a vote of the Board of Nursing and the Board of Pharmacy.